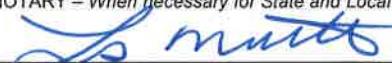


<b>CHARGE OF DISCRIMINATION</b>		Charge Presented To: <input checked="" type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC Agency(ies) Charge No(s): <b>ED(H)(R) 0282-19 16D-2019-00292</b>	
This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.		New Hampshire Commission for Human Rights and EEOC	
State or local Agency, if any		and EEOC	
Name (indicate Mr., Ms., Mrs.) <b>Jimmy Gedeon</b>		Home Phone (Incl. Area Code) <b>(603) 203-9981</b>	
Street Address <b>120 Fisherville Road #172, Concord, NH 03303</b>		City, State and ZIP Code	
		<b>RECEIVED</b>	
		<b>AUG 16 2019</b>	
Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.) <b>NH Commission for Human Rights</b>			
Name <b>UNITED HEALTHCARE SERVICES OF MINNESOTA D/B/A UNITED HEALTHCARE SERVICES, INC.</b>		No. Employees, Members <b>101 - 200</b>	Phone No. (Include Area Code) <b>(603) 629-7293</b>
Street Address <b>14 Central Park Drive, Hooksett, NH 03106</b>		City, State and ZIP Code	
Name <b>UNITED HEALTHCARE SERVICES OF MINNESOTA</b>		No. Employees, Members <b>101-200</b>	Phone No. (Include Area Code) <b>(800) 328-5979</b>
Street Address <b>UnitedHealth Group Center, 9900 Bren Road East, Minnetonka, MN, 55343</b>		City, State and ZIP Code	
DISCRIMINATION BASED ON (Check appropriate box(es).)		DATE(S) DISCRIMINATION TOOK PLACE Earliest <b>04-02-2018</b> Latest <b>02-22-2019</b>	
<input type="checkbox"/> RACE <input type="checkbox"/> COLOR <input type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> NATIONAL ORIGIN <input checked="" type="checkbox"/> RETALIATION <input type="checkbox"/> AGE <input checked="" type="checkbox"/> DISABILITY <input type="checkbox"/> GENETIC INFORMATION <input checked="" type="checkbox"/> OTHER (Specify) <b>RSA 354-A</b>		<input type="checkbox"/> CONTINUING ACTION	
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):			
<ol style="list-style-type: none"> <li>1. I identify as a person with disabilities.</li> <li>2. On September 29, 2014, I was hired as a Senior Client Service Representative with United HealthCare Services, Inc.</li> <li>3. On May 23, 2017, I was promoted to the position of Senior Business Analyst.</li> <li>4. I notified my employer of my disability in May 2017.</li> <li>5. On or around April 1, 2018, I notified my new manager, Nicole Washington, of my disability.</li> <li>6. Ms. Washington was hired in October 2017.</li> <li>7. Ms. Washington expressed her dislike of government protection for disabled employees.</li> <li>8. Additionally, Ms. Washington informed me of her negative experiences working with disabled employees and her belief that they manipulate the system.</li> <li>9. I informed Ms. Washington of my routine doctor appointments and submitted paperwork upon her request.</li> </ol>			
I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.		NOTARY – When necessary for State and Local Agency Requirements 	
I declare under penalty of perjury that the above is true and correct.		I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.	
8-16-19  Date		SIGNATURE OF COMPLAINANT  Charging Party Signature	
8-16-19		SUBSCRIBED AND SWEARN TO BEFORE ME THIS DATE (month, day, year) <b>8-16-19</b>	
8-16-19 Justice of the Peace - New Hampshire My Commission Expires May 4, 2021			

<b>CHARGE OF DISCRIMINATION</b>		Charge Presented To:	Agency(ies) Charge No(s):
This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.		<input checked="" type="checkbox"/> FEPA	<b>ED(H)(R) 0282-19</b>
		<input checked="" type="checkbox"/> EEOC	<b>16D-2019-00292</b> <b>16D-2019-00292</b>
<b>New Hampshire Commission for Human Rights</b>		and EEOC	
State or local Agency, if any			
<p>10. Ms. Washington would harass me if I had to take time off for doctor's appointments.</p> <p>11. When my disability became exacerbated, Ms. Washington stated I was responsible for managing my afterlife and on the hook if anything fell through regarding my responsibility to my job.</p> <p>12. Ms. Washington's statements further exacerbated my disability.</p> <p>13. Ms. Washington's harassment escalated each time I was ill as a result of my disability; she would find issues with my performance and belittle me in front of other employees.</p> <p>14. I took medical leave for my disability in September 2018.</p> <p>15. Upon my return to work, Ms. Washington's harassment continued.</p> <p>16. On January 15, 2019, I filed a complaint with Human Resources Representative, Noreen Fitzgerald, regarding Ms. Washington's harassment.</p> <p>17. I was informed by Human Resources Representative, Mallory Schwerr, that an investigation would take place.</p> <p>18. During the investigation, Ms. Washington terminated my employment on February 22, 2019.</p> <p>19. I assert I was discriminated against due to my disability, by way of harassment.</p> <p>20. I further assert I was retaliated against for voicing my protected concerns, by way of termination, and that Ms. Washington aided and abetted the retaliation.</p> <p>21. I have and continue to suffer damages, including but not limited to lost wages, lost earning capacity, lost employment benefits, emotional distress, humiliation, inconvenience, and loss of enjoyment of life. I seek all damages to which I am entitled.</p>			

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

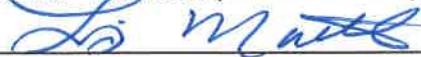
I declare under penalty of perjury that the above is true and correct.

8-16-19

Date

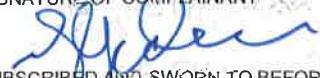
  
Charging Party Signature

NOTARY – When necessary for State and Local Agency Requirements



I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

SIGNATURE OF COMPLAINANT



**LOIS E. MONETTE**  
Justice of the Peace - New Hampshire  
My Commission Expires May 4, 2023

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE  
(month, day, year)

8/16/18